FORM D UNITED STATES SECURITIES AND EXCHANGE COMMISSION RECEIVED Washington, D.C. 20549 FORM D FFR 0 & 2007

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden 16.00 hours per response

OMB APPROVAL

SEC USE ONLY								
Prefix	1	Serial						
·	DATE R	RECEIVED						

Prefix SECTION 4(6), AND/OR	SE ONLY Serial RECEIVED			
Name of Offering (Check if this is an amendment and name has changed, and indicate change.) Morgan Keegan Private Equity QP Fund of Funds II, L.P. Offering of Limited Partnership Interests Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) UL				
Name of Offering (□check if this is an amendment and name has changed, and indicate change.) Morgan Keegan Private Equity QP Fund of Funds II, L.P. Offering of Limited Partnership Interests Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506 □ Section 4(6) □ UL				
Name of Offering (Check if this is an amendment and name has changed, and indicate change.) Morgan Keegan Private Equity QP Fund of Funds II, L.P. Offering of Limited Partnership Interests Filing Under (Check box(es) that apply):				
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Morgan Keegan Private Equity QP Fund of Funds II, L.P. Offering of Limited Partnership Interests Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506 □ Section 4(6) □ UL	1 6/14 1 (((1 (())) 6/14) ((1))			
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) UL	1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1 13 14 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16			
Type of Filing: New Filing Statement	n anasa (kala (ala) (anas (ana) (ana			
Type of Filing: 11 New Filing - IXIAmendment - 1100 MW W W W W W W W W W W W W W W W W W				
A. BASIC IDENTIFICATION DATA				
1. Enter the information requested about the issuer	- 07043141			
	143141			
Morgan Keegan Private Equity QP Fund of Funds II, L.P.				
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code))			
50 North Front Street, 19th Floor, Memphis, TN 38103 (901) 579-4979				
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code))			
(if different from Executive Offices)	~ -			
	PESSED 2 0 2007			
Brief Description of Business Private investment limited partnership	-COSEL			
Private investment limited partnership				
Type of Business Organization	7 0 2007			
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):	sa.			
□ business trust □ limited partnership, to be formed	MSON			
Month Year	NCIA			
Actual or Estimated Date of Incorporation or Organization: 05 2006 🗷 Actual 🗆 Estimated	. Ond[
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:				
CN for Canada; FN for other foreign jurisdiction) DE				
GENERAL INSTRUCTIONS				
Federal:				

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required. Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director and/or Managing Partner	
Full Name (Last name first, if individual)	-
MK Investment Management, Inc.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
50 North Front Street, 19th Floor, Memphis, TN 38103	
Check Box(es) that Apply:	
Full Name (Last name first, if individual)	
Koach, John	
Business or Residence Address (Number and Street, City, State, Zip Code)	
50 North Front Street, 19th Floor, Memphis, TN 38103	
Check Box(es) that Apply:	
Full Name (Last name first, if individual)	y
Johnson, Kari L.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
50 North Front Street, 19th Floor, Memphis, TN 38103	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director and/or Managing Partner	
Full Name (Last name first, if individual)	
Maxwell, Charles D.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
50 North Front Street, 19th Floor, Memphis, TN 38103	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director and/or Managing Partner	
Full Name (Last name first, if individual)	
Grayson, John H. Jr.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
50 North Front Street, 19th Floor, Memphis, TN 38103	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director and/or Managing Partner	
Full Name (Last name first, if individual)	
Jenkins, Kimble L.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
50 North Front Street, 19th Floor, Memphis, TN 38103	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director and/or Managing Partner	
Full Name (Last name first, if individual)	
· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Substitute of the substitute o	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director and/or Managing Partner	
Full Name (Last name first, if individual)	
Tan Name (Base name inst, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
business of Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director and/or Managing Partner	
Check Box(es) that Apply:	
Tun vanc (East name first, it individual)	
Puriners of Paridance Address (Number and Street City See Tin Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Cheel: Pow(ee) that Arabin.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director and/or Managing Partner	
Full Name (Last name first, if individual)	
Dunings on Desidence Address (Number and Street City State 7' C. 1)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

				B. INFO	RMATIC	ON ABOU	T OFFE	RING				
1. Has the issuer s	old, or do	es the issu	ier intend	to sell, to	non-accre	dited inve	stors in th	is offering	?		Yes	No
			Answer	r also in A	ppendix,	Column 2,	if filing u	nder <i>ULO</i>	E.			×
2. What is the min	imum inv	estment ti	hat will be	e accepted	from any	individual	1?				\$ <u>25</u>	0,000
3. Does the offering	ng permit	joint own	ership of a	a single un	it?						— Yes	No
4. Enter the infor commission or sin a person to be list states, list the nambroker or dealer, y	nilar remued is an an an of the four may se	uneration in ssociated broker or et forth the	for solicitate person or dealer. If e informate	ation of pu agent of a f more tha	irchasers a broker o in five (5)	in connect or dealer re persons t	ion with s gistered v to be liste	ales of sec vith the SI	curities in EC and/or	the offerir	ng. If ite or	
Morgan Keegai												
Business or Reside	ence Addı	ress (Num	ber and S	treet, City	State, Zi	p Code)						
50 North Front	Street, 1	19 th Floo	r, Memp	his, TN	38103							
Name of Associate	ed Broker	or Dealer	•									
States in Which Po	erson List	ed Has So	licited or	Intends to	Solicit Pa	ırchasers						
				al States)		ii chusets					■ All Stat	es
[AL] [AK] [1L] [1N] [MT] [NE] [RI] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [NH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Name (Last n				[]						[]	[, , , ,	
Business or Reside	ence Addi	ress (Num	ber and Si	treet, City,	State, Zij	p Code)						
Name of Associate	ed Broker	or Dealer	······································				<u> </u>			<u></u>		
States in Which Pe	erson List	ed Has So	licited or	Intends to	Solicit Pr	irchasers						
				al States)							☐ All Stat	es
[AL] [AK] [IL] [IN] [MT] [NE] [RI] [SC] Full Name (Last no	[AZ] [IA] [NV] [SD] ame first,	[AR] [KS] [NH] [TN] if individ	[CA] [KY] [NJ] [TX] ual)	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [NH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Business or Reside	ence Addr	ess (Num	ber and St	treet, City,	State, Zij	Code)						
Name of Associate	d Broker	or Dealer							<u></u>			
States in Which Pe		ed Has So s" or check			Solicit Pu	rchasers			·		□ All Stat	es
[AL] [AK] [IL] [IN] [MT] [NE] [RI] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH]	[CA] [KY] [NJ] [TXI	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [NH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]	-•

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE (ÞΕ	PROCEEDS		•
1.	Enter the aggregate offering price of securities included in this offering and the total amount				
	already sold. Enter "0" if answer is "none or zero." If the transaction is an exchange offering, check				
	this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange				
	and already exchanged.				
	Type of Security		Aggregate		
			Offering Price		Amount Already
					Sold
	Debt	\$	0.00	\$	0.00
	Equity	\$	0.00	\$	0.00
	□ Common □ Preferred	-			
	Convertible Securities (including warrants)	\$	0.00	\$	0.00
	Partnership Interests (Limited Partnership Interests)	\$	50,000,000.00	\$	35,350,000.00
	Other (Specify:	\$	0.00		
	Total	\$	0.00		
	Total Answer also in Appendix, Column 3, if filing under ULOE.	• -	0.00	•	00,000,000,00
	Aniswer also in Appendix, Column 3, it thing and o DOD.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this				
۷.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504,				
	indicate the number of persons who have purchased securities and the aggregate dollar amount of				
	their purchases on the total lines. Enter "0" if answer is "none or zero."				
					Aggregate
			Number of		Dollar Amount
			Investors		of Purchases
	Accredited Investors	-	17	\$	35,350,000.00
	Non-accredited Investors	-	0	\$	0.00
	Total (for filings under Rule 504 only)	-		\$	
	\ 3	-		-	
	Answer also in Appendix, Column 4, if filing under ULOE.				
	, , , , , , , , , , , , , , , , , , , ,				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all				
	securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months				
	prior to the first sale of securities in this offering. Classify securities by type listed in Part C -				
	Question 1.				
	Control of		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505	-	N/A	s	N/A
		-	N/A	\$	N/A
	Regulation A	-		٠,	
	Rule 504	-	N/A	\$	N/A
	Total	-	N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the				
	securities in this offering. Exclude amounts relating solely to organization expenses of the issuer.				
	The information may be given as subject to future contingencies. If the amount of an expenditure				
	is not known, furnish an estimate and check the box to the left of the estimate.				
				_	
	Transfer Agent's Fees			-	0.00
	Printing and Engraving Costs		×		5,300.00
	Legal Fees		E	\$	70,000.00
	Accounting Fees			\$	0.00
	Engineering Fees			\$	0.00
	Sales Commissions (specify finders' fees separately)			\$	0.00
	Other Expenses (identify) filing fees		×	-	4200.00
	,			٠.	
	Total		E	2	79,500.00
				~.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	C CERTIFICATION ATTACA						
b.	C. OFFERING PRICE, NUMBER Enter the difference between the aggregate offering estion 1 and total expenses furnished in response to Pa	Price given in response to Part C-	USE	OF I	<u>PROCEEDS</u>		
	"adjusted gross proceeds to the issuer."	art C - Question 4.a. This difference is					
uie	aujusted gross proceeds to the issuer.					\$_	49,920,500.00
5.	Indicate below the amount of the adjusted proceed used for each of the purposes shown. If the amount an estimate and check the box to the left of the est must equal the adjusted gross proceeds to the iss Question 4.b above.	t for any purpose is not known, furnish timate. The total of the payments listed					
				to	ayments Officers, Directors,		
					&		Payments to
				A	Affiliates		Others
	Salaries and fees			\$	0.00	\$	0.00
	Purchase of real estate			\$	0.00	\$	0.00
	Purchase of real estate Purchase, rental or leasing and installation of machi	nery and equipment		\$	0.00	\$	0.00
	Construction or leasing of plant buildings and facilit			\$	0.00	\$	0.00
	Acquisition of other businesses (including the value that may be used in exchange for the assets or seemerger) Repayment of indebtedness Working capital	curities of another issuer pursuant to a		\$ \$ \$	0.00 □ 0.00 □ 0.00 □	\$_	0.00 0.00 0.00
	Other (specify):			<u> </u>	0.00	\$- \$	
			_	s		\$_ _	49,920,500.00
					<u> </u>	,000	
		D. FEDERAL SIGNATURE					
foll	issuer has duly caused this notice to be signed by the owing signature constitutes an undertaking by the issues staff, the information furnished by the issuer to any	uer to furnish to the U.S. Securities and E	xchai	ige C	commission, u	pon '	
Mo	er (Print or Type) rgan Keegan Private Equity QP Fund of Funds, L.P.	Signature & March	Щ		Date February 1, 2	2007	
Nar	ne of Signer (Print or Type)	Fitle of Signer (Print or Type)	/				
	Investment Management, Inc.						ŕ
By:	Charles D. Maxwell	Secretary of the General Partner					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See U.S.C. 1001.)

		E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 prule?	resently subject to any of the disqualification provision	ons of such	Yes No □ 🗷				
	Se	ee Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes t Form D (17 CFR 239.500) at such times as	o furnish to any state administrator of any state in wh required by state law.	ich this notic	e is filed, a notice on				
3.	The undersigned issuer hereby undertakes t issuer to offerees.	o furnish to the state administrators, upon written requ	uest, informa	tion furnished by the				
4.	Limited Offering Exemption (ULOE) of the	ssuer is familiar with the conditions that must be satist e state in which this notice is filed and understands that n of establishing that these conditions have been satis	at the issuer o					
	e issuer has read this notification and knows the derigned duly authorized person.	he contents to be true and has duly caused this notice	to be signed	on its behalf by the				
Issi	uer (Print or Type)	Signature	Date	•				
	organ Keegan Private Equity QP Fund of nds, II, L.P.	Charles & Marriel	Februar	y 1, 2007				
	me (Print or Type)	Title (Print or Type)						
	K Investment Management, Inc.	<i>(</i>						
By:	By: Charles D. Maxwell Secretary of the General Partner							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3			1		Diegu	5 alification
	Intend to sell to non-accredited aggregate offering price amount purchased in State (Part B-Item 1) Type of security and aggregate offering price Type of investor and amount purchased in State (Part C-Item 1) (Part C-Item 1)					under State ULOE (if yes, attach explanation of waiver granted) Part E-Item 1)			
0				Number of Accredited		Number of Non- Accredited			
State	Yes	No	Limited partnership	Investors	Amount	Investors	Amount	Yes	No
AL		X	interests (\$10,250,000)	3	\$10.250,000	0	\$0.00		Х
AK									
AZ						<u> </u>			
AR									
CA									
со									
CT									
DE									
DC									
FL			Limited partnership						
GA		X	interests (\$1,800,000)	5	\$1,800,000	0	\$0.00		X
HI						·			
ID	:								
IL									
IN									
IA									
KS								1	
KY									
LA						···			
МЕ									
MD								<u> </u>	
МА									
Ml									
MN ·						·			
MS									, <u> </u>
мо									
МТ								· ·	

APPENDIX

[2	3	4 5									
	Intend to non-acconnections investors (Part B-	redited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of in amount purcl (Part C	Disqualification under State ULOE (if yes, attach explanation of waiver granted) Part E-Item 1)							
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No				
NE													
NH		х	Limited partnership interests (\$500,000)]	\$500,000	0	\$0.00		х				
NJ													
NM													
NY					·								
NC		х	Limited partnership interests (\$1,500,000)	2	\$1,500,000	0	\$0.00		Х				
ND						·							
ОН													
ок													
OR													
PA						41							
RI													
sc													
SD													
TN		Х	Limited partnership interests (\$21,300,000)	6	\$21,300,000	0	\$0.00		х				
TX													
UT													
VT													
VA													
WA			-										
wv													
wı													
WY													
PR													

